

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 Food & Standards Division  
 Telephone: (860) 713-6160  
 Email: food.standards@ct.gov  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

**APPLICATION FOR LICENSE - FROZEN DESSERT, WHOLESALE**

**INSTRUCTIONS:**

All spaces must be completed - please print or type. This application must be accompanied by a check or money order for the appropriate fee as listed below made payable to: "Treasurer, State of CT." Application fees are non-refundable. Return your completed application and fee to:

**Department of Consumer Protection, License Services Division, 450 Columbus Blvd., Suite 801, Hartford, CT 06103**

The license fee for a wholesale manufacturer to manufacture frozen desserts or frozen dessert mix within Connecticut or to sell within Connecticut, shall be one hundred dollars for the first twenty-five thousand gallons or fraction thereof and an additional one dollar and fifty cents per thousand gallons or fraction thereof above twenty-five thousand gallons manufactured or sold in Connecticut during the previous calendar year, provided such fee shall not exceed two thousand seven hundred fifty dollars. In any case where dessert mix is manufactured by a particular manufacturer and such mix is subsequently converted by the same manufacturer into frozen dessert, either in the same plant or in another owned by such manufacturer, the license fee payable by such manufacturer on account of all of the processes wherein such mix is concerned shall be computed on the basis of the total number of gallons of finished frozen desserts so manufactured using such mix, and no license fee shall be due or payable on any such frozen mix so manufactured and used.

**Total fee = \$100.00 + Number of 1000 gallons above 25,000 gallons x \$1.50, (so if production was 35,555 gallons, the fee would be \$100 plus 11 x 1.50 or \$116.50)**

Enter the no. of gallons produced

Enter the amount of fee remitted up to \$2,750 \$

Business Trade Name (dba)				
Physical Location of the Production/Storage Facility - Street Address		City	State	Zip Code
Telephone Number (with area code)	FEIN	Previous License Number (if applicable)		
Corporation Name (If Applicable)				
<b>Mailing Address (if different than above)</b>				
Street Address		City	State	Zip Code
Applicant's Name & Title		Applicant's Email Address		

<b>Type of product:</b>	<b>Public or Private Water Supply</b>	<b>Waste Water Disposal System</b>
	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Supply	<input type="checkbox"/> Septic System <input type="checkbox"/> Public Sewers

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant

Date